

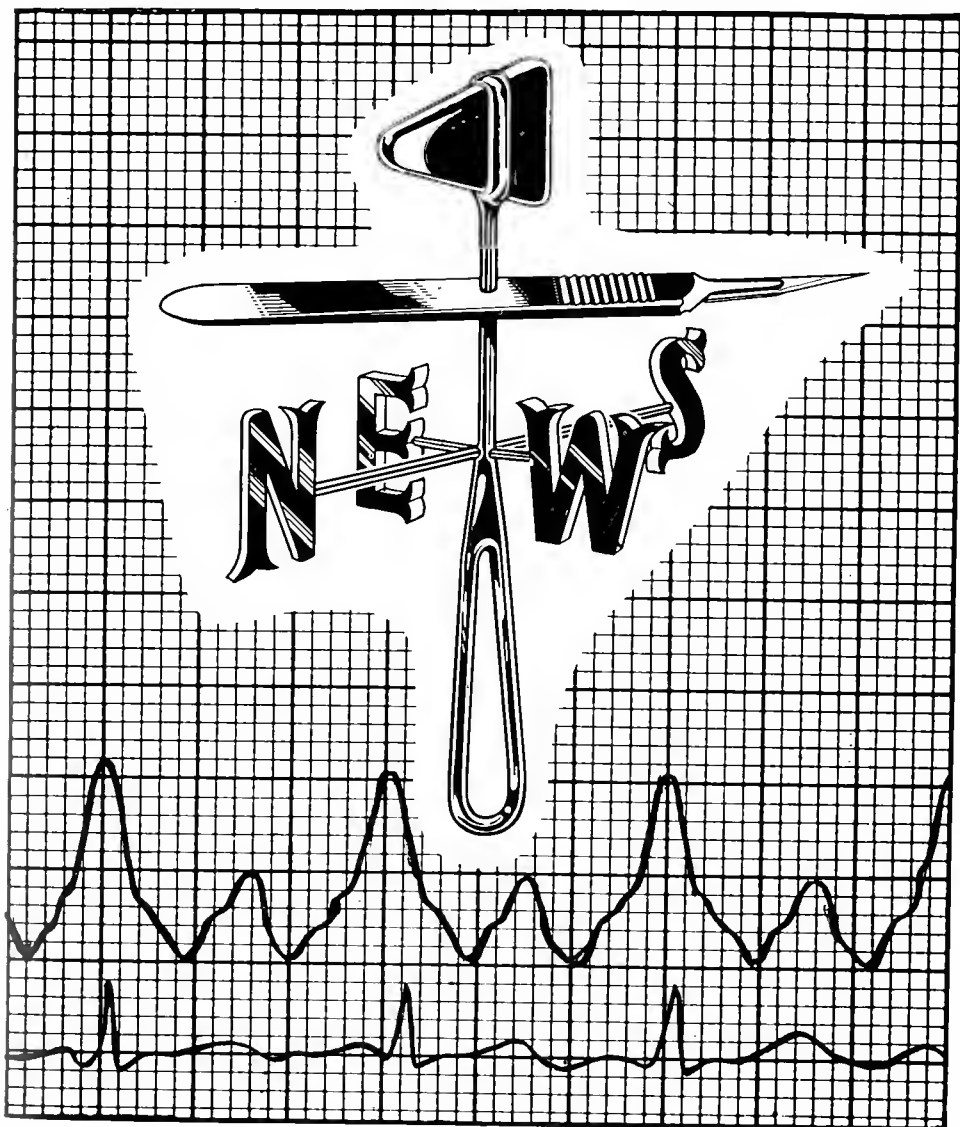
BULLETIN

of the
**MAHONING COUNTY
MEDICAL SOCIETY**

Volume XXXV

Number Nine

SEPTEMBER, 1965



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Tuesday, September 21, 1965

MURAL ROOM

SPEAKER

Herbert S. Kupperman, M.D.

Prof. of Endocrinology, New York
University, College of Medicine

TOPIC

**"The Management of Endocrine Problems in
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6:00 p.m. Social Hour

6:30 p.m. Dinner (\$3.50)

7:30 p.m. Meeting

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Mahoning County Medical Society
1005 Belmont Avenue
Youngstown, Ohio 44504

OCTOBER

DATE TO BE ANNOUNCED

MURAL ROOM

HOST: Corydon Palmer Dental Society

POSTGRADUATE DAY

Wednesday, October 20, 1965

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Executive Secretary: H. C. REMPEL, JR.

Representative to the Associated Hospital Service: M. W. NEIDUS

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From the Desk of the President

"OPEN LETTER TO THE MAYOR"

Honorable Anthony B. Flask
City Hall
Youngstown, Ohio
Dear Mr. Flask:

Thank you for your invitation to sit in with other members of the community in emergency session to do something—almost anything—to stop the traffic killings. Usually nothing comes of these efforts. The carnage will go on and your critics will probably say that this meeting was politically inspired. From me and my colleagues you have our congratulations and best wishes for success. We pray that something good will come out of the Mayor's Committee on Traffic Safety.

The medical profession, perhaps more than any other group, is appalled at the highway butchery and death that find their way into our emergency rooms. Scientific medicine is saving thousands across our country that would have died ten years ago. Moreover, we shall continue to make progress and ultimately save most of those who are not killed instantly or who suffer major injuries, particularly of the head, that cannot be repaired now or in the foreseeable future. Further, medicine has been actively engaged in research, alone, and with the automotive industry to make the passenger vehicle progressively more safe. We have a long way to go, but some progress has been made.

Seat belts are in most automobiles and they are saving some lives. A shoulder harness for the driver is possibly the next objective. This should prevent the driver from jackknifing and sustaining injury to his head. Retractable steering wheels and truly padded dash boards and interiors must also find their way into every passenger car. All these improvements will save lives.

The automotive industry appears disturbingly slow in their overall safe car program. They counter with the argument that even now with most cars equipped with seat belts, the passengers do not use them, that the same will be true with the shoulder harnesses. Further, every piece of equipment that goes into an automobile raises the cost of the car and could depress sales volume. Yet, it is crystal clear that if the automobile industry does not equip their cars voluntarily with new and progressive safety devices in the very best interests of the passenger, then the federal government will specify by law the equipment that every car must have. Perhaps the automotive industry would not object to this since all manufacturers would then follow the same standards and pricing disadvantages would not occur to the manufacturer that installed the safety devices against a company that delivered a car cheaper without these safety features. Furthermore, simply installing safety equipment is not enough. The automotive industry must participate fully in the educational value and use of safe automobiles.

So, Mr. Mayor, a very safe automobile indeed is the long term objective

Continued on page 248

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Volume XXXV

September, 1965

Number 9

Published for and by the Members of the Mahoning County Medical Society

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John G. Guju, M.D.

Sidney Franklin, M.D.

Harold J. Reese, M.D.

—EDITORIAL—

Operation Headstart is an important part of the Government's Anti-Poverty Program. Many of us have been asked to play a part in it, and we should all be familiar with its background, purposes and philosophy.

The goal of Operation Headstart is to prepare environmentally deprived pre-school children for the demands of the coming school years. It has been shown by workers in child psychology and sociology that measurable intelligence is not strictly native or innate. Pre-school children reared in poverty, in dull and unstimulating environments, will score poorly in intelligence tests. Their scores can be improved considerably by exposure to intellectual stimulation at an early age. Failure to provide such stimulation before the age of 5 or 6 years often results in permanent stunting of intellectual growth.

Charles E. Silberman, in *Crisis in Black and White*, stated that in order to reverse the effects of a starved environment, to provide the sensory, verbal and visual stimuli that are necessary for future learning, the schools must begin admitting children at age three or four, instead of at age five or six. He felt that it is between the ages of three and six that the battle is won or lost. Operation Headstart is the first large-scale attempt to provide the needed stimulus in a nursery school setting.

In addition to intellectual preparation, this project also makes an attempt to improve the physical health of the pre-schooler. To this end a complete physical examination, as well as a number of screening tests including hemoglobin, urinalysis, eye examination, audiometry and tuberculin test are given. It is hoped that early detection and, when possible, correction of defects in the pre-school child will better equip him to perform at his maximum potential.

It is clear that Operation Headstart is a sincere attempt to overcome one aspect of the poverty problem. It uses wellfounded methods of prevention and is based on accepted philosophy and facts. It tackles the problem at its very roots. It is only a beginning, however, and in its present form it can probably not accomplish all that needs to be done. There will be inefficiency, inexperience in handling the program. There will be waste of money and resources, and inadequate numbers of trained people to do the job. However, the philosophy and principle are sound, and we should give the Operation our support, and help it over its difficult beginnings to reach its important goals.

—Kurt J. Wegner, M.D.

Editor

FROM THE DESK OF THE PRESIDENT

Continued from page 246

of the medical profession. In fact, at a recent meeting of the American Medical Association, I spoke to an investigator vitally interested in this problem. He said, off the record, "We hope to make the automobile safe, safe, safe—just like a padded cell since there are apparently so many nuts driving cars."

What else can the doctor say or suggest that would be constructive in an emergency safety meeting? Certainly the automobile should be adequately and regularly inspected and carry a sticker to this effect. Even a casual look at cars on the street reveals many that are obviously unsafe.

The driver too should be inspected. Moreover, this should go down on his driver's license. Many of the chronically ill should not be driving a car at all. Those over age 65 should not drive a car without a periodic physical examination. Surely an examination every three years when the driver's license is renewed would benefit the driver as well as traffic safety.

Traffic laws should be strictly enforced to the letter and intent of the law. Traffic tickets should not be fixed, and repeated offenders should lose their license to drive. States like Connecticut have proven that good traffic laws and strict enforcement with permanent loss of their driver's license after repeated conviction makes a great difference. We can do no less in Ohio or even in Mahoning County.

Highway signs should be changed or repainted from time to time. Signs that are never changed are almost never seen. New signs, different signs, frequently changed signs will pay tremendous dividends because they will be seen. Coroner Belinky's idea to use signs to frighten and shock the individual into good driving habits may be helpful. I am sure that if he changes them on a regular basis they will be seen and be effective. The Industrial Commission of Ohio does wonders with new signs and new ideas but the same old theme.

Further, this letter in no way disparages the work of the Youngstown Traffic Safety Council. They are really trying, but more shoulders are needed against this wheel.

I sincerely hope, Mayor Flask, that you can come up with something important and dramatic that will save a life in Youngstown. Perhaps a blatant sticker placed on a car by a traffic officer or the Court, shouting loud and clear "I am an unsafe driver"—a penalty for those individuals who are convicted by the courts but do not lose their license to drive. It might be rather embarrassing to drive around with a marked car.

Oh yes, here is something else. Why could not the churches in our community give an inspiring sermon on the importance of safe driving habits? As an ecumenical exercise, each denomination could choose a different Sunday or month of Sundays and develop a theme on the Fifth Commandment. Here is a very important area where the church could help save lives and souls at the same time.

Education, I suppose, is the most important phase of any program. Safe driving habits could be instilled into boys and girls long before they take their driver's training course and this educational program should be continued forever!

I am sorry, Mayor Flask, that I was called from your meeting before I could express these thoughts—but here they are for what they are worth. Perhaps more will see them here than in any other way.

Sincerely yours,
—John J. McDonough, M.D.
President

MCMS THANKS FIRST AID DOCTORS

The Mahoning County Medical Society wishes to thank the following physicians who worked at the First Aid Station at the Canfield Fair: Dr. B. Patrick Brucoli, Dr. Robert Ciekurs, Dr. D. J. Dallis, Dr. Earl R. Ebie, Dr. William R. Johnson, Dr. William E. Maine, and Dr. Michael J. Vuksta.



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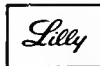
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SALUTE TO PAST PRESIDENTS

At the beginning of another season, filled with prospective meetings, committee work and medical planning, we pause to honor those who have given guidance to the Mahoning County Medical Society in former years—the past presidents.

1918 J. M. Ranz	1950 G. G. Nelson
1925 W. K. Allsop	1951 E. J. Wenaas
1926 F. W. McNamara	1952 C. A. Gustafson
1927 R. W. Fenton	1953 V. L. Goodwin
1929 W. H. Bennett	1955 I. C. Smith
1932 A. E. Brant	1956 G. E. DeCicco
1933 J. P. Harvey	1957 S. W. Ondash
1935 L. G. Coe	1958 A. A. Detesco
1943 W. H. Evans	1959 M. W. Neidus
1944 E. H. Nagel	1960 F. G. Schlecht
1946 E. J. Reilly	1961 A. K. Phillips
1947 G. M. McKelvey	1962 C. W. Stertzbach
1948 John Noll	1963 Asher Randell
1949 J. N. McCann	1964 Jack Schreiber

POSTGRADUATE DAY IS OCT. 20

The annual Postgraduate Day of the Sixth Councilor District will be held in Canton, on Wednesday, Oct. 20th. Stark County Medical Society will be host.

Mark this date on your calendar and plan to attend the all-day affair. Take your wife, who will enjoy the Auxiliary meeting of the Sixth District and plan to attend the banquet. Watch the mail for more information direct from the Stark County Medical Society, and send back your reservation early. It will help the Stark County physicians with their planning.

Last year's Postgraduate Day was held in Youngstown. Banquet speaker was radio news-commentator, Paul Harvey.

September 16

P. H. Fuscoe
R. G. Mossman
N. J. Garritano

September 17

J. Dentschiff

September 18

J. A. Renner
E. R. Thomas

September 21

R. G. Warnock
R. P. Meader

September 23

W. J. Flynn
M. Halmos
E. H. Nagel

September 25

V. G. Herman

September 26

E. A. Massullo

September 27

R. J. Scheetz
G. J. Baumbblatt

September 28

J. Nemeth



Get Your Annual Check-up

September 29

D. H. Levy

September 30

D. Stillson
H. P. Bauer, Jr.

October 3

G. M. McKelvey

October 4

G. Delfs

October 5

B. Katz

October 6

J. L. Calvin

October 8

J. N. McCann

October 9

J. F. Stotler
W. P. Young

October 11

H. S. Ellison
E. Hecker

October 12

B. I. Firestone
J. R. Gillis

October 13

A. Goudsmit

October 14

E. T. McCune
J. H. Smith

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Precautions: *Phenacetin*—With long-term use, give cautiously to patients with anemia and cardiac, pulmonary, renal or hepatic disease. May damage the kidneys when used in large amounts or for long periods. *Caffeine*—Not recommended for persons extremely sensitive to its CNS stimulating action. *Codeine phosphate*—Use with caution in addiction-prone individuals. *Carisoprodol*—Carisoprodol, like other central nervous system depressants, should be used with caution in patients with known propensity for taking excessive quantities of drugs and in patients with known sensitivity to compounds of similar chemical structure, e.g. meprobamate.

Side effects: Drowsiness, lightheadedness, dizziness, and gastric complaints have been reported infrequently for either or both of these preparations. *Phenacetin*—Side effects are extremely rare with short-term use of recommended doses. Prolonged ingestion of overdoses may produce dyspnea, cyanosis, hemolytic anemia, skin rash, anorexia, subnormal temperature, insomnia, headache, mental disturbances, and tolerance. *Caffeine*—Side effects are almost always the result of overdosage. Average doses may rarely cause nausea, nervousness, insomnia, and diuresis. Excessive dosage may produce, in addition, restlessness, nervousness, tolerance, tinnitus, tremors, scintillating scotomata, tachycardia, and cardiac arrhythmias. *Codeine phosphate*—Possible side effects are nausea, vomiting, constipation, and miosis. *Carisoprodol*—The only side effect reported with any frequency is sleepiness, usually on higher than recommended doses. An occasional patient may not tolerate carisoprodol because of an individual reaction, such as a sensation of weakness. Other rarely observed reactions have included dizziness, ataxia, tremor, agitation, irritability, headache, increase in eosinophil count, flushing of face, and gastrointestinal symptoms. One instance each of pancytopenia and leukopenia, occurring when carisoprodol was administered with other drugs, has been reported as has an instance of fixed drug eruption with carisoprodol and subsequent cross-reaction with meprobamate. Rare allergic reactions, usually mild, have included one case each of anaphylactoid reaction with mild shock and angioneurotic edema with respiratory difficulty, both reversed with appropriate therapy. In cases of allergic or hypersensitivity reaction, carisoprodol should be discontinued and appropriate therapy initiated. Suicidal attempts may produce coma and/or mild shock and respiratory depression.

Dosage: Usual adult dosage of 'Soma' Compound or 'Soma' Compound with Codeine is one or two tablets three times daily and at bedtime.

Supplied: 'Soma' Compound, orange tablets, each containing carisoprodol 200 mg., phenacetin 160 mg., and caffeine 32 mg. 'Soma' Compound with Codeine, white capsule-shaped tablets, each containing carisoprodol 200 mg., phenacetin 160 mg., caffeine 32 mg., and codeine phosphate 16 mg. Narcotic order form required.

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1. Conant, R. G.: Reduction of industrial time-loss: treatment with carisoprodol compound in musculo-skeletal disorders. *Industr. Med. Surg.* 33:25, Jan. 1964.

Also available with ¼ gr. codeine as 'Soma' Compound with Codeine: carisoprodol 200 mg., phenacetin 160 mg., caffeine 32 mg., codeine phosphate 16 mg. (Warning: may be habit-forming.)

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CSO-5713

"NON - PARTICIPATION"

Just what is non-participation and what does it mean to physicians in Mahoning County? Now that Medicare has become law, many physicians have been asking what they can do legally, morally, and ethically under the law to avoid becoming controlled by the Federal Government. If any physician participates in the Medicare program, and accepts Federal money, whether directly or through an intermediary, he must under the law accept whatever controls the government may impose now or at any time in the future. If, on the other hand, a physician does not wish to participate in the program, he is then free to exercise his medical judgement as he has in the past.

First of all, is non-participation legal? Both AMA and AAPS (American Association of Physicians and Surgeons), have sought legal counsel in this matter. Non-participation is legal. Coercion or force would be illegal. Further, not one word in the Medicare Act compels either physicians or patients to participate in the program, hence one cannot violate something which does not exist.

Second, is non-participation ethical? AMA, at the June meeting in New York reaffirmed the "Bauer Resolution" of 1961, which states, "that the medical profession will render the best possible medical care according to the system it believes is in the public interest, and that it will not be a willing party to implementing any system it believes to be detrimental to the public welfare." Non-participation therefore means that physicians have the right individually to decide whether or not to participate in systems for the distribution of medical care. Section 6 of the Code of Medical Ethics of the AMA states that "A physician should not dispose of his services under terms or conditions which tend to cause a deterioration of the quality of medical care."

Third, is non-participation morally right? This is a question which each physician must answer as he searches his own conscience. The essence of non-participation is the individual decision which all physicians must make eventually. No group, either the Mahoning County Medical Society or the AMA can either participate or non-participate in Medicare. If a physician honestly feels that he would be violating the Hippocratic oath or his own moral code by participating in this program, then his choice would most likely be non-participation.

A word should be said about the mechanics involved in non-participation. There are three major areas of participation. These do not of course include providing medical care, which all physicians would presumably continue to render regardless of any Government program. The three areas of participation are, (1) Acceptance of fees—paid either directly or through an intermediary such as Blue Shield; (2) filling out of forms, including the certification and recertification of a patient's illness; and (3) serving on committees, established by the Government, whose chief function it would be to regulate and police the medical profession. Since the final regulations have not been published as of this writing, discussion of the mechanics will come at a later date.

—Jack Schreiber, M.D.
Immediate Past President

DOCTORS NEED SOCIAL SECURITY NUMBERS

Now that physicians are subject to the tax and benefits of Social Security, it will be necessary for each physician to apply for a social security number, if he does not already have one. Applications are available at the medical society office, having been provided by the local office of the Department of Health, Education and Welfare. Any doctor requiring an application form may receive one by phoning the medical society office, 746-8431.

MEET THE YOUNG DOCTORS

The twelve physicians pictured herein have taken active membership in the Mahoning County Medical Society in the last twenty-four months. There are another seventeen who are still in the "associate membership" category. These young men are becoming established in the community. It behooves all members to learn their names, meet them, and welcome them into the medical fraternity.



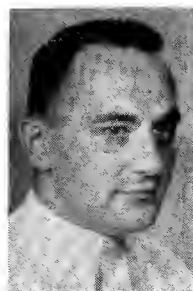
Demetrio M. Josef
General Surgeon
July, 1965



Kenneth M. Lloyd
Dermatologist
July, 1965



Frank C. Tiberio
Internist
March, 1965



John C. Melnick
Radiologist
February, 1965



Leonard N. Green
Neurologist
January, 1965



Glenn J. Baumbblatt
Internist
November, 1964



Robert J. Hritz
General Surgeon
November, 1964



Richard J. Jarvis
General Surgeon
November, 1964



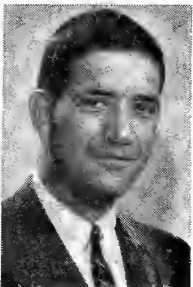
Rafael Tarnopolsky
Ear, Nose and
Throat
November, 1964



Frank J. Kocab
Pathologist
October, 1964



Michael J. Vuksta
General Surgeon
April, 1964



Carl B. Klodell
Ophthalmologist
December, 1963

NOTE: The date under each photo indicates the date of active membership in the Mahoning County Medical Society.

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From the Bulletin



THIRTY YEARS AGO—September 1935

At a special meeting of the society called to consider problems connected with care of indigent patients, the following resolution was passed:

1. Whereas, the physicians of Mahoning County have in the past accepted the burden of the medical care of the indigent, with little or no compensation, and

2. Whereas, during the existence of the FERA, the physicians of the Mahoning County have attended the indigent at rates below actual cost, and

3. Whereas, the Medical-Economics Committee has been advised that on or about September 1st the FERA will no longer be responsible for the care of the unemployable of this country, and

4. Whereas, the PWA employee will still have insufficient funds for severe illnesses, and

5. Whereas, the taxing districts are legally responsible for the medical care of the indigent, therefore,

BE IT RESOLVED:

1. That a minimum fee schedule be adopted by the Council and the Mahoning County Medical Society.

2. That the Society go on record as opposing all forms of private contract practice in the care of the indigent because it is not in accord with the accepted principle of free choice of physician, and because past experience has demonstrated absolutely that this method does not furnish adequate medical attention to the indigent sick.

3. That if it is the will of the Council and the majority of the Mahoning County Medical Society, it will then become unethical for a member of this Society to accept a contract or an agreement for group practice for the indigent. Such unethical practice will be considered just cause for expulsion from the Society.

4. That it is the sense of this Society that the duties of the city Department of Health shall include only preventive medicine, such as sanitation, quarantine, etc., and in addition thereto, the administration of indigent sickness relief in cooperation with the physicians of Mahoning County: and, further, that the duties of no city physician shall include the treatment of the indigent sick, the latter being the responsibility of the physicians of Mahoning County, to whom reasonable compensation shall be paid for such services; and that the committee of three provided for by these resolutions shall include this section in their negotiations.

5. That the Society, through a special committee of three, appointed by the President, present these demands to the County Commissioners and all subdivisions of Mahoning County.

If you don't know what the FERA and the PWA were, you didn't live through the depression—lucky you!

Youngstown used to have a "City Physician" whose duty was to take care of people who could not afford to pay a doctor. This resolution abolished the "City Physician" and forced the County to set up the Relief Organization which pays something but not much.

TWENTY YEARS AGO—SEPTEMBER 1945

The war was over, V-E day and V-J day had passed and preparations were being made to receive the returning Veterans. Dr. W. K. Allsop was appointed to form a committee to give any necessary aid to our members coming home from the service. The Association of American Physicians and Surgeons sent a letter to President Truman demanding an investigation of the delay in releasing physicians from the armed forces. That was fast work.

Interns in our hospitals those days were the now active members James Patrick, Wayne Hardin, Gene Fry, J. F. Stechschulte, Martin C. Raupple and Alex Rosenblum.

TEN YEARS AGO—September 1955

Frank Gelbman had a leading article on "Anxiety And Depression." He said that, "Patients who are anxious and depressed often appear to have the same complaints. This can lead to an error in diagnosis and treatment which, in turn, can cause increased complaints. If the physician keeps in mind the concepts of facilitation and inhibition in relationship to anxiety and depression, and thinks in terms of each patient's total behavior, a better therapeutic result can be obtained. Finally, any effective therapy depends upon a good doctor-patient relationship."

President Ivan Smith gently chided the doctors for their poor showing in Community Chest giving. He said, "If we give proportionately as much as the humblest laborer in the community, we will make a much better showing than we have in the past."

Charles Hudson, President of the Ohio State Medical Association, now President-Elect of the American Medical Association sent a message on Polio Vaccine: "A limited amount of Polio Vaccine is available . . . I hope that Ohio physicians will limit inoculations at present to children in the 5 to 9 age group. It is vital that this supply of vaccine be used only for children most susceptible to paralytic polio."

—J. L. F.

THANKS TO LYONS

Once again the Canfield Fair Committee wants to express its thanks to Lyons Physician Supply Co. for use of the Lyons' truck in picking up heavy material used in the medical health tent. Transporting Canfield Fair paraphernalia is an annual chore, and Lyons has undertaken it for the Medical Society for many years.

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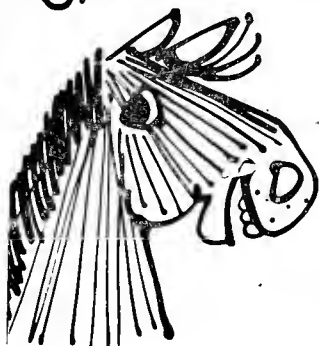
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ADVISE PATIENTS TO KEEP INSURANCE

In a recent newsletter sent to all physicians by Ohio Medical Indemnity, it is suggested that doctors advise their patient not to drop their private insurance at this time.

The newsletter states that "The decision on whether or not to continue to carry private medical-hospital insurance coverage should be made by those 65 and over only after making a careful comparison of the benefits and coverages of the new Federal program with the benefits and coverages offered by private insurance plans.

"One thing is certain: Medicare will not cover all contingencies related to sickness. There will be gaps. It is quite likely that some of these gaps are filled now by benefits provided by Blue Cross, Blue Shield or other private insurance plans or will be filled by revised or new plans which will be drafted by the private carriers and offered to Medicare recipients to supplement the coverage of that program.

"Physicians can do their elderly patients a real favor by advising them to sit tight at this time—to keep their private insurance at least until specific information is available on what the new Medicare plan covers, or doesn't cover, and how the program will be administered."

LAW SCHOOL PUBLISHES DR. FRANKLIN TALK

A recent talk by Dr. Sidney Franklin was printed in its entirety in the September issue of the Cleveland-Marshall Law Review, published by Cleveland-Marshall Law School of Baldwin-Wallace College. Entitled, "What Should Be in a Malpractice Insurance Policy," the paper was presented by Dr. Franklin at the American College of Legal Medicine meeting in New York City on June 20, 1965.

QUOTE OF NOTE

"The money you earned this year became your own on May 7 at 4:12 p.m. On that day and minute, you completed three solid months of work-days earmarked for support of your chief dependents: federal, state and local governments. The average man works 89.9 days to earn the 37% of his income that goes for taxes."

—Commentary in TRUE

SHOULD YOU BE WRITING BLUE CROSS?

A reminder recently published by the Lorain County Medical Society for its members is worth repeating here for members of the Blue Cross—Blue Shield Group of the Mahoning County Medical Society.

Notification must be given within 90 days to the Blue Cross office for the following changes:

- Marriage of enrolled child under 23
- 23rd birthday of enrolled child
- Marriage of subscriber
- Divorce
- Entry into military service
- Birth or adoption of a child
- Death of any Blue Cross subscriber
- Change of address.

In giving notification, remember to report the group number, which is 693501 (Medical Assistants group is 696401) and the subscriber's account number or social security number.

Notification should be made to the Associated Hospital Service Inc. office, at 2400 Market St., Youngstown, 44507.

The telephone number is 788-5051.

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AND AWAY WE GO

The following, reprinted from the Wall Street Journal, is a newspaper comment on the future of Medicare.

"Medicare's mentors map expansion even before the health plan gets going.

"Looking long range, LBJ's welfare strategists hope eventually to reduce even further hospital bills paid by aged patients, by eliminating some of medicare's deductible clauses. Federal officials predict the deductible features will only complicate administration of the health plan, without deterring abuse.

"The medicare men also will seek to revive a section cut from the compulsory plan that would cover fees paid to radiologists, pathologists and others. Another objective: Expanding the voluntary \$3-a-month insurance plan that now covers doctors' fees to include also the cost of drugs. Congress would have to okay all these expansions.

"Some welfarists even talk of a possible future move to extend health care to some folks under 65, if they feel private plans fail to do the job."

PROGRAM ADVERTISING UNETHICAL

Recently physicians were solicited for advertising in a printed program for a certain event sponsored by a local service organization. Although completely in accord with the worthiness of the cause and the sincerity of the workers, the council of the Mahoning County Medical Society reaffirms the opinion that program advertising for physicians is unethical.

HEALTH DEPARTMENT BULLETIN

JULY, 1965

	Resident		Non-Resident		Total
	M.	F.	M.	F.	
Births	107	92	109	92	400
Deaths	64	68	60	65	257
Infant Deaths	4	2	2	1	9

JULY, 1964

Births	107	76	128	114	425
Deaths	93	49	71	39	252
Infant Deaths	6		1	2	9

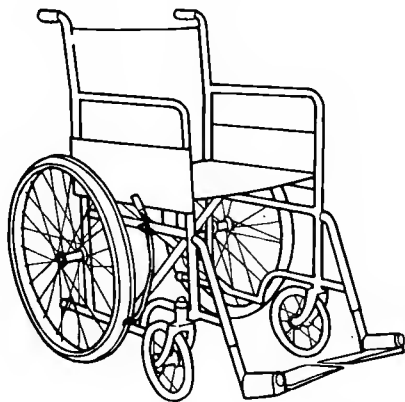
COMMUNICABLE DISEASES

	1965		1964	
	Cases	Deaths	Cases	Deaths
Measles			6	0
Scarlet Fever			1	0
Tuberculosis		1	8	1
Gonorrhea			16	0
Syphilis			5	0
Infectious Hepatitis	2	0	2	0
Rheumatic Fever	2	0	1	0
Strep Throat	1	0	0	0

VENEREAL DISEASES

New Cases		Male	Female
Syphilis		2	6
Gonorrhea		12	
Total patients			20
Total visits (patients)			159

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